| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | | | | | Contract Number | Page of | of Pages | |
|---|--|--|---|--|--|---|--|---|--|
| 2. Amer 2 | ndment/Modification Number | 3. Effective | Date -Sep-04 | 4. Requisition/F | urch | ase Request No. | 5. Project No. (If ap | oplicable) | |
| 6. Issue Office of District (825 N. (| d By of Contracts and Acquistions of Columbia Public Schools Capitol Street, NE, Suite 7066 gton, DC 20002 | Code | | 7. Adminis | tered | By (If other than lir | ne 6) | | |
| 8. Name and Address of Contractor (No. Street, city, country, state and ZIP | | | | | | 9A. Amendment of GAGA-2004-R-042 | | | |
| | | | | | | 9B. Dated (See Iten 15-Sep-04 | n 11) | | |
| | | | | | | | of Contract/Order No |). | |
| | Code | | Facility | | | 10B. Dated (See Ite | em 13) | | |
| | | 11. THIS ITEM | ONLY APPLIES | TO AMENDMEN | ITS C | F SOLICITATIONS | | | |
| Offe follo ame ame PRI an o soli | above numbered solicitation is an ers must acknowledge receipt owing methods: (a) By complete endment on each copy of the endment number. FAILURE OF YOR TO THE HOUR AND DATE offer already submitted, such citation and this amendment, | t of this amendmenting Items 8 and 2 offer submitted; of YOUR ACKNOWLE E SPECIFIED MAY change may be mand is received presenting to the second of the second | ent prior to the ho 15, and returning or (c) By separat EDGEMENT TO E / RESULT IN RE nade by letter or | our and date spous an | ecifie pies (ram \ T THE DUR (ded e | d in the solicitation of the amendment: which includes a ref E PLACE DESIGNAT OFFER. If by virtue of each letter or telegra | (b) By acknowledgi ference to the solici ED FOR THE RECE of this amendment yo | ng receipt of this tation and IPT OF OFFERS u desire to change | |
| 12. Acc | ounting and Appropriation Da | | | | | | | | |
| | | | | | | CONTRACTS/ORDE CRIBED IN ITEM 14 | RS, | | |
| (X) | (X) A. This change order is issued pursuant to: (Specify Authority) The changes set forth in Item 14 are made in the contract/order no. in item 10A. | | | | | | | | |
| B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) set forth in item 14, pursuant to the authority of 27 dCMR, Chapter 36, Section 3601.2. | | | | | | | | | |
| | C. This supplemental agreement is entered into pursuant to authority of: | | | | | | | | |
| | D. Other (Specify type of mo | dification and auth | nority) | | | | | | |
| E. IMPO | ORTANT: Contractor | is not, X | is required to s | ign this docume | nt an | nd return 1 | copies to the issui | ng office. | |
| AMEND | cription of amendment/modifi MENT NUMBER TWO N: SPEECH LANAGUAGE PA | , - | l by USC Section | n headings, incl | uding | g solicitation/contrac | t subject matter wh | ere feasible.) | |
| | ice of Contracts and Acquisiti providing a response to the q | | ed one question | n regarding solic | citatio | n GAGA-2004-R-0 | 423, OCA is | | |
| | s provided herin, all terms and co | | ment referenced in | | | | ains unchanged and in | n full force and effect | |
| | ame and Title of Signer (Type | or print) | | Andre | a Sim | | | | |
| 15B. Na | ame of Contractor | | 15C. Date Sign | ed 16B. Distric | ct of (| Columbia | | 16C. Date Signed | |
| | (Signature of p | person authorized to sign) | | | | (Signa | ature of Contracting Officer | 9/23/2004 | |
| *** | C (1 D) | | 660 | a o cc: | ٦ . | | , D | C OCD 202 (7 00) | |

DISTRICT OF COLUMBIA PUBLIC SCHOOLS



Office of Contracts and Acquisitions 825 North Capitol Street, NE, 7th Floor Suite 7066 Washington, DC 20002 (202) 442-5111 (FAX) (202) 442-5634

September 23, 2004

TO: PROSPECTIVE BIDDERS

SUBJECT: REQUEST FOR PROPOSAL NO. GAGA-2004-R-0423

CAPTION: SPEECH LANGUAGE PATHOLOGISTS

AMENDMENT NO.2

The subject solicitation number GAGA-2004-R-0423 has been amended as follows: The Office of Contracts and Acquisitions (OCA) received one question regarding solicitation GAGA-2004-R-0423, OCA is hereby providing a response to the question.

ALL OTHER TERMS AND CONDITIONS OF THE SOLICITATION REMAIN UNCHANGED.

Bidders must sign below and attach a signed copy of this amendment to the bid to be submitted to the District in response to this solicitation. Bidders must acknowledge receipt of this amendment by faxing a signed copy of this page to Ms. Gwendolyn Walter, the fax number for Ms. Walters is 202-442-5634. The acknowledgement must be received on or before September 24, 2004.

Failure to acknowledge receipt of this Amendment Number two for Solicitation Number GAGA -2004-R-0423 – Speech Language Pathologists, may be cause for rejection of any bid submitted in response to the subject solicitation.

| | Andrea Simpson, Contracting Officer |
|--|-------------------------------------|
| This Amendment Number 2 is acknowledg Solicitation Number GAGA-2004-R-O423 | <u>*</u> |
| Signature of Authorized Representative | Date |
| Title of Authorized Representative | |
| Name of the Firm | |

DISTRICT OF COLUMBIA PUBLIC SCHOOLS



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September 23, 2004

AMENDMENT #2 Response to Question Regarding RFP No: GAGA-2004-R-0423

Caption: Speech Language Pathologists

To All Prospective Contractors

The Office of Contracts and Acquisitions (OCA) received one question regarding solicitation GAGA -2004-R-0423, OCA is hereby providing a response to the question.

DCPS will not be accepting any more questions.

Thank you.

Question One:

Does amendment one mean that qualified SLPs who have not yet completed their Clinical Fellowship year, but are certified by DCPS as a speech language pathologist and may have a license from another state are not eligible for this work?

DCPS Response to Question Number One:

IT IS MANDATORY AND REQUIRED BY DCPS THAT EACH SPEECH LANGUAGE PATHOLOGISTS POSSESS A CURRENT CERTIFICATE OF CLINICAL COMPETENCE IN SPEECH-LANGUAGE PATHOLOGY (CCC-SLP) APPROVED BY THE AMERICAN SPEECH-LANGUAGE HEARING ASSOCIATION (ASHA) OR BE ELIGIBLE FOR THE COMPLETION OF THEIR CLINICAL FELLOWSHIP YEAR (CFY).

THE AMERICAN SPEECH-LANGUAGE HEARING ASSOCIATION (ASHA)
CERTIFICATION OR DOCUMENTED PLAN FOR COMPLETION OF THE CLINICAL
FELLOWSHIP YEAR (CFY) MUST BE SUBMITTED WHEN SUBMITTING YOUR
PROPOSALS.